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Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
WESTERN DISTRICT OF MISSOURI	-	
Case number (if known)	Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

04/20

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pai	rt 1: Identify Yourself				
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):	pouse (Only in a Joint Case):
1.	Your full name				
	Write the name that is o your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee	First name Scott Middle name Bise	First name Middle name Last name and Suffix (Sr., Jr., II, III)	ix (Sr., .	Jr., II, III)
2.	All other names you h used in the last 8 year Include your married or maiden names.				
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	f xxx-xx-6082			

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Debtor 1 Robert Scott Bise Case number (if known)

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years		■ I have not used any business name or EINs.	☐ I have not used any business name or EINs.
	Include trade names and doing business as names	Business name(s)	Business name(s)
		EIN	EIN
5.	Where you live	25255 Seneca Lane	If Debtor 2 lives at a different address:
		Waynesville, MO 65583	
		Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code
		Pulaski	
		County	County
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code
6.	Why you are choosing this district to file for	Check one:	Check one:
	bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)

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Case number (if known) Debtor 1 **Robert Scott Bise** Part 2: Tell the Court About Your Bankruptcy Case Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy The chapter of the Bankruptcy Code you are (Form 2010)). Also, go to the top of page 1 and check the appropriate box. choosing to file under Chapter 7 ☐ Chapter 11 ☐ Chapter 12 ☐ Chapter 13 How you will pay the fee I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. Have you filed for ☐ No. bankruptcy within the last 8 years? Yes. District Missouri Western When 2/01/02 Case number 2:2002bk20206 District When Case number District When Case number 10. Are any bankruptcy ■ No cases pending or being filed by a spouse who is ☐ Yes. not filing this case with you, or by a business partner, or by an affiliate? Debtor Relationship to you District When Case number, if known Relationship to you Debtor When Case number, if known District Do you rent your ☐ No. Go to line 12. residence? Has your landlord obtained an eviction judgment against you? Yes.

Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it with this

No. Go to line 12.

bankruptcy petition.

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Document Page 4 of 49 Case number (if known) Debtor 1 **Robert Scott Bise** Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor ■ No. Go to Part 4. of any full- or part-time business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor or a debtor choosing to Chapter 11 of the proceed under Subchapter V so that it can set appropriate deadlines. If you indicate that you are a small business debtor or Bankruptcy Code, and you are choosing to proceed under Subchapter V, you must attach your most recent balance sheet, statement of operations, are you a small business cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. debtor or a debtor as § 1116(1)(B). defined by 11 U.S.C. § 1182(1)? I am not filing under Chapter 11. ■ No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy ☐ No. U.S.C. § 101(51D). I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and ☐ Yes. I do not choose to proceed under Subchapter V of Chapter 11. I am filing under Chapter 11, I am a debtor according to the definition in § 1182(1) of the Bankruptcy Code, and I ☐ Yes. choose to proceed under Subchapter V of Chapter 11. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any No. property that poses or is ☐ Yes. alleged to pose a threat of imminent and What is the hazard? identifiable hazard to public health or safety? Or do you own any property that needs If immediate attention is needed, why is it needed? immediate attention? For example, do you own perishable goods, or livestock that must be fed, Where is the property?

Number, Street, City, State & Zip Code

or a building that needs urgent repairs?

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Debtor 1 Robert Scott Bise Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Deb	tor 1 Robert Scott Bise			Cas	se number (if known)	
Part	6: Answer These Quest	ions for Re	porting Purposes			
16.	What kind of debts do you have?	16a.		r consumer debts? Consumer debt ersonal, family, or household purpos		§ 101(8) as "incurred by an
			☐ No. Go to line 16b.			
			Yes. Go to line 17.			
		16b.		business debts? Business debts anvestment or through the operation of		
			☐ No. Go to line 16c.			
			☐ Yes. Go to line 17.			
		16c.	State the type of debts you	u owe that are not consumer debts o	or business debts	
17.	Are you filing under Chapter 7?	□ No.	I am not filing under Chap	ter 7. Go to line 18.		
	Do you estimate that after any exempt property is excluded and			7. Do you estimate that after any exe available to distribute to unsecured		and administrative expenses
	administrative expenses		■ No			
	are paid that funds will be available for distribution to unsecured creditors?		☐ Yes			
18.	How many Creditors do	1 -49		□ 1,000-5,000	□ 25,001-{	50,000
	you estimate that you owe?	□ 50-99		<u> </u>	<u></u> 50,001-	
		☐ 100-19 ☐ 200-99		□ 10,001-25,000	☐ More that	an100,000
19.	How much do you	S \$0 - \$5	50,000	□ \$1,000,001 - \$10 millio		0,001 - \$1 billion
	estimate your assets to be worth?		01 - \$100,000	□ \$10,000,001 - \$50 mill		000,001 - \$10 billion
	be worth:	□ \$100,0	001 - \$500,000	□ \$50,000,001 - \$100 mil		,000,001 - \$50 billion
		□ \$500,0	001 - \$1 million	□ \$100,000,001 - \$500 m	nillion \square More tha	an \$50 billion
20.	How much do you	\$0 - \$5	50.000	□ \$1,000,001 - \$10 millio	on 🗆 \$500,00	0,001 - \$1 billion
	estimate your liabilities to be?		01 - \$100,000	□ \$10,000,001 - \$50 mill		000,001 - \$10 billion
	10 50.		001 - \$500,000	□ \$50,000,001 - \$100 mil		0,000,001 - \$50 billion
		□ \$500,0	001 - \$1 million	□ \$100,000,001 - \$500 m	nillion \square More th	an \$50 billion
Part	7: Sign Below					
For	you	I have exa	amined this petition, and I	declare under penalty of perjury that	the information provided is	true and correct.
				er 7, I am aware that I may proceed, e relief available under each chapte		
				id not pay or agree to pay someone the notice required by 11 U.S.C. § 3		elp me fill out this
		I request	relief in accordance with th	e chapter of title 11, United States C	Code, specified in this petition	on.
		bankrupto and 3571	y case can result in fines ι	ent, concealing property, or obtaining up to \$250,000, or imprisonment for		
			Scott Bise	Signature	e of Debtor 2	
		Signature	of Debtor 1	-		
		Executed		Executed	I on	
			MM / DD / YYYY		MM / DD / YYYY	

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Debtor 1 Robert Scott Bise Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Jesse L. Langford	Date	February 3, 2021
Signature of Attorney for Debtor		MM / DD / YYYY
Jesse L. Langford		
Printed name		
Licata Bankruptcy Firm, P.C.		
· · · · · · · · · · · · · · · · · · ·		
1442 E. Bradford Parkway		
Springfield, MO 65804		
Number, Street, City, State & ZIP Code		
Contact phone 417-887-3328	Email address	bankruptcy@licatalawfirm.com
MO #64975 MO		
Bar number & State		

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B2030 (Form 2030) (12/15)

United States Bankruptcy Court Western District of Missouri

In r	Robert Scott Bise		Case No.		
		Debtor(s)	Chapter	7	
	DISCLOSURE OF COMPE	NSATION OF ATTORN	EY FOR DE	CBTOR(S)	
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016 compensation paid to me within one year before the filing be rendered on behalf of the debtor(s) in contemplation	ng of the petition in bankruptcy, or	agreed to be paid	to me, for services rend	ered or to
	For legal services, I have agreed to accept		\$	1,500.00	
	Prior to the filing of this statement I have received		\$	600.00	
	Balance Due		\$	900.00	
2.	\$_338.00 of the filing fee has been paid.				
3.	The source of the compensation paid to me was:				
	■ Debtor □ Other (specify):				
4.	The source of compensation to be paid to me is:				
	■ Debtor □ Other (specify):				
5.	■ I have not agreed to share the above-disclosed comp	pensation with any other person unle	ess they are memb	pers and associates of m	y law firm.
	☐ I have agreed to share the above-disclosed compens copy of the agreement, together with a list of the na				firm. A
6.	In return for the above-disclosed fee, I have agreed to re	ender legal service for all aspects of	the bankruptcy c	ase, including:	
	 a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy; b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required; c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof; d. [Other provisions as needed] 				
7.	By agreement with the debtor(s), the above-disclosed fe Representation of the debtors in any ad Rights & Responsibilities Agreement.			ided for in the execu	ıted
		CERTIFICATION			
this	I certify that the foregoing is a complete statement of an pankruptcy proceeding.	ny agreement or arrangement for pay	ment to me for re	epresentation of the deb	tor(s) in
F	February 3, 2021	/s/ Jesse L. Langford	d		
_	Date	Jesse L. Langford			_
		Signature of Attorney Licata Bankruptcy F			
		1442 E. Bradford Pa			
		Springfield, MO 6580 417-887-3328 Fax: 4			
		bankruptcy@licatala	wfirm.com		_
		Name of law firm			

Calvary Portfolio Services 500 Summit Lake Dr #400 Valhalla NY 10595

CCS Credit Collection 725 Canton Street Norwood MA 02062

Emoney USA Holding LLC 8700 State Line Rd Suite 350 Leawood KS 66206

Fidelity Communication PO Box 2050 Omaha NE 68103

First Premier 3820 N. Louise Avenue Sioux Falls SD 57104

Hawthorne Recovery PO Box 1859 Columbia MO 65205

Heights Finance 3610 S Clark St. Mexico MO 65265

HSBC Bank PO Box 49352 San Jose CA 95161

Internal Revenue Service PO Box 7346 Philadelphia PA 19101

J Brent Wilkins 1033 Dorset Dr. Hendersonville TN 37075

Lincare 401 R S Bishop Ave Rolla MO 65401 One Source 7707 Knoxville Avenue, 201 Peoria IL 61615

Phelps Health PO Box 1567 Paris TN 38242

Portfolio Recovery 120 Corporate Blvd.STE 100 Norfolk VA 23502

Progressive 9339 Priority Way W. Drive Indianapolis IN 46240

Regional Credit Services 1201 Jefferson St. Ste. 150 Washington MO 63090

Security Finance PO Box 3146 Spartanburg SC 29304

Synchrony Bank/Ashley 140 Wekiva Springs Rd. Longwood FL 32779

The Cook Law Office PLLC PO Box 286 Goodlettsville TN 37070

US Attorney Room 5510 US Courthouse 400 E. 9th St. Kansas City MO 64106

USAA Savings Bank 10750 McDermott Freeway San Antonio TX 78288 Case 21-60079-can7 Doc 1 Filed 02/03/21 Entered 02/03/21 17:16:40 Desc Main Document Page 11 of 49

United States Bankruptcy Court Western District of Missouri

In re	Robert Scott Bise		Case No.	
		Debtor(s)	Chapter 7	
	$\underline{\mathbf{VE}}$	RIFICATION OF MAILING MA	TRIX	
	The above-named De	ebtor(s) hereby verifies that the att	ached list of creditors is	
	true and correct to the best of	of my knowledge and includes the	name and address of my	
	ex-spouse (if any).			
Date:	February 3, 2021	/s/ Robert Scott Bise		
		Robert Scott Bise		

Signature of Debtor

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Fill in this inform	mation to identify your	case:		
Debtor 1	Robert Scott Bise	9		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	WESTERN DISTRICT O	OF MISSOURI	
Case number _				Charlett
(II KIIOWII)				☐ Check if
				amende

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

		Your a	esats
			of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	0.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	1,076.74
	1c. Copy line 63, Total of all property on Schedule A/B	\$	1,076.74
Par	t 2: Summarize Your Liabilities		
			abilities It you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	6,368.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	1,545.83
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	22,899.72
	Your total liabilities	\$	30,813.55
Par	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	3,964.45
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	3,781.00
Par	t 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ur other scl	hedules.
7.	■ Yes What kind of debt do you have?		

- Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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Debtor 1 Robert Scott Bise Case number (if known)

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

\$_____3,252.76

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Port A on Cohodula E/E compthe following:	Total cla	im
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	1,545.83
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	1,545.83

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			Document	Page 14 of 49		
Fill in	this infor	mation to identify your	case and this filing:			
Debto	r 1	Robert Scott Bise	•			
Debio	1 1	First Name	Middle Name	Last Name		
Debto	r 2					
(Spouse	e, if filing)	First Name	Middle Name	Last Name		
United	d States Ba	ankruptcy Court for the:	WESTERN DISTRICT OF MIS	SOURI		
Case	number _			_		☐ Check if this is an
						amended filing
∩ffi∂	rial Fo	rm 106A/B				
<u>Scr</u>	<u> 1eaui</u>	e A/B: Prop	erty			12/15
think it informa Answer	fits best. E ation. If mor every ques	de as complete and accura re space is needed, attach stion.	te items. List an asset only once. I ate as possible. If two married peol a separate sheet to this form. On a, Land, or Other Real Estate You (ple are filing together, both a the top of any additional pag	re equally responsible for s	supplying correct
rait i.	Describe	Lacii Nesidelice, Dalidiii	g, Land, or Other Near Estate Tou V	JWII OI Have all lillerest III		
1. Do y	ou own or	have any legal or equitabl	e interest in any residence, buildin	g, land, or similar property?		
.	lo. Go to Pa	ot 2				
_						
ЦΥ	es. vvnere	s the property?				
Part 2:	Describe	Your Vehicles				
	s, vans, tr	•	le, also report it on Schedule G:	Executory Contracts and U	nexpired Leases.	
3.1	Make:	Ford	Who has an interest in	the property? Check and	Do not deduct secured	claims or exemptions. Put
3.1	-	F150		the property? Check one		red claims on Schedule D: aims Secured by Property.
	-	2006	Debtor 1 only		Creditors with have Cit	allins Secured by Property.
	Approximat		□ Debtor 2 only □ Debtor 1 and Debtor 2	2 only	Current value of the entire property?	Current value of the portion you own?
	Other infor		☐ At least one of the de	•	о о р. оро. су .	portion you out
Γ	Currentl	y located at Douglas	1			
		tive and Repair in	☐ Check if this is com	munity property	Unknown	Unknown
		, MO. Blown engine	(see instructions)			
L	and inop	erable.				
	<i>mples:</i> Boa Io		TVs and other recreational velonal watercraft, fishing vessels,			
			you own for all of your entries Write that number here			\$0.00
Part 3:	Describe	Your Personal and Hous	ehold Items			
			able interest in any of the folio	owing items?		Current value of the
- , 0		,g o. oquit		J		portion you own?
						Do not deduct secured claims or exemptions.
						ciairio di cacilipuolis.

Official Form 106A/B Schedule A/B: Property page 1

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De	ebtor 1	Robert Scott	Bise Case number (if know	wn)
6.		old goods and fo es: Major applian	urnishings ces, furniture, linens, china, kitchenware	
	Yes.	Describe		
			2x couches, bed	\$400.00
7.	□ No	es: Televisions a	nd radios; audio, video, stereo, and digital equipment; computers, printers, scanners; mus phones, cameras, media players, games	ic collections; electronic devices
			Cell phone, 2xTVs, Wii	\$250.00
3.	Example ■ No		figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, cons, memorabilia, collectibles	oin, or baseball card collections;
9.	Example No	ent for sports ar es: Sports, photo musical instru Describe	graphic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; cano	es and kayaks; carpentry tools;
10.	■ No		s, shotguns, ammunition, and related equipment	
11.	□ No		othes, furs, leather coats, designer wear, shoes, accessories	
			Clothing	\$100.00
	■ No □ Yes. Non-fai Examp		welry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gem Dirds, horses	s, gold, silver
			Dogs ; Cat	\$0.00
14.	■ No	her personal and	d household items you did not already list, including any health aids you did not list	
15		he dollar value o	of all of your entries from Part 3, including any entries for pages you have attached	\$750.00

Official Form 106A/B Schedule A/B: Property page 2

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De	ebtor 1	Robert Sco	ott Bise		Case number (if ki	nown)
Do	ort 41 D	escribe Your Fina	anaial Acceta			
				st in any of the following?		Current value of the portion you own? Do not deduct secured claims or exemptions.
16.	□ No		u have in your wallet, in you		, and on hand when you file your	petition
					Cash	\$23.00
17.				accounts; certificates of depos unts with the same institution,	sit; shares in credit unions, broke list each.	rage houses, and other similar
	■ Yes.			Institution name:		
			17.1. Checking	Navy Fed CU Ch	hecking - \$.19	\$0.19
18.	Exam ■ No		s, or publicly traded stock ls, investment accounts with Institution or iss	h brokerage firms, money marl	ket accounts	
19.	. Non-p				ed businesses, including an ir	nterest in an LLC, partnership, and
	■ No □ Yes.	. Give specific i	nformation about them Name of entity:		% of ownership:	
20.	Nego	tiable instrumen	nts include personal checks,	negotiable and non-negotiab , cashiers' checks, promissory ot transfer to someone by signi	notes, and money orders.	
	☐ Yes.	. Give specific ir	nformation about them Issuer name:			
21.		ement or pension oples: Interests in		k), 403(b), thrift savings accou	ınts, or other pension or profit-sh	aring plans
	■ Yes	. List each acco	unt separately. Type of account:	Institution name:		
			401(k)	Brunswick 401k	(\$303.55
22.	Your : Exam	share of all unus aples: Agreemen		,, ,,	s, water), telecommunications co	ompanies, or others
_				Institution name or		
23.	. Annui ■ No	,		noney to you, either for life or f	for a number of years)	
	☐ Yes.		Issuer name and descriptio	n.		
24.			tion IRA, in an account in), 529A(b), and 529(b)(1).	a qualified ABLE program, o	or under a qualified state tuition	on program.
			Institution name and descri	ption. Separately file the recor	rds of any interests.11 U.S.C. § 5	521(c):

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Case 21-60079-can7 Doc 1 Filed 02/03/21 Entered 02/03/21 17:16:40 Document Page 17 of 49 **Robert Scott Bise** Case number (if known) Debtor 1 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements No ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ☐ Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you □ No Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 2020 Federal and State Refund Unknown Federal & State 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No ☐ Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance ☐ No Yes. Name the insurance company of each policy and list its value. Company name: Beneficiary: Surrender or refund value:

VA Term Life

Children

Unknown

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

■ No

☐ Yes. Give specific information...

33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment

Examples: Accidents, employment disputes, insurance claims, or rights to sue

No

☐ Yes. Describe each claim.......

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

■ No

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Case number (if known)

Debtor 1	Robert Scott Bise		Case number (if known)	
□Ye	es. Describe each claim			
35. Any	financial assets you did not already list			
■ No				
□Ye	es. Give specific information			
	d the dollar value of all of your entries from Part 4, including Part 4. Write that number here			\$326.74
101	Tart 4. Write that hamber here.			
Part 5:	Describe Any Business-Related Property You Own or Have an Inter-	est In. List any real esta	ate in Part 1.	
37. Do yo	ou own or have any legal or equitable interest in any business-relate	ed property?		
No.	Go to Part 6.			
☐ Yes	. Go to line 38.			
	Describe Any Farm- and Commercial Fishing-Related Property You If you own or have an interest in farmland, list it in Part 1.	Own or Have an Interes	st In.	
10 D -				
^	you own or have any legal or equitable interest in any farm- No. Go to Part 7.	or commercial fishir	ig-related property?	
_				
ЦΥ	es. Go to line 47.			
	_			
Part 7:	Describe All Property You Own or Have an Interest in That You	Did Not List Above		
53. Do y	ou have other property of any kind you did not already list?	?		
_	mples: Season tickets, country club membership			
■ No				
□ Ye	es. Give specific information			
E1 14	d the dollar value of all of your entries from Part 7. Write that	at number bere		00.00
54. Au	d the donar value of all of your entries from Fart 7. Write the	at number nere		\$0.00
Part 8:	List the Totals of Each Part of this Form			
Tait o.	List the Totals of Lacil Fart of this Form			
55. Pa	rt 1: Total real estate, line 2		<u> </u>	\$0.00
56. Pa	rt 2: Total vehicles, line 5	\$0.00		
57. Pa	rt 3: Total personal and household items, line 15	\$750.00		
58. Pa	rt 4: Total financial assets, line 36	\$326.74		
59. Pa	rt 5: Total business-related property, line 45	\$0.00		
60. Pa	rt 6: Total farm- and fishing-related property, line 52	\$0.00		
61. Pa	rt 7: Total other property not listed, line 54 +	\$0.00		
62. To	tal personal property. Add lines 56 through 61	\$1,076.74	Copy personal property total	\$1,076.74
63. To	tal of all property on Schedule A/B. Add line 55 + line 62			\$1,076.74
			1	

Official Form 106A/B Schedule A/B: Property page 5

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Fill in this infor				
Debtor 1	Robert Scott Bise	9		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		WESTERN DISTRICT (OF MISSOURI	
Case number				
(if known)				Check if this is an amended filing

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

1.	Which set of exemp	otions are	you claiming?	Check one only	, even if	your spouse is	filing with	you.
----	--------------------	------------	---------------	----------------	-----------	----------------	-------------	------

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Che	ck only one box for each exemption.	
2x couches, bed Line from Schedule A/B: 6.1	\$400.00		\$400.00	RSMo § 513.430.1(1)
Ellie Holli Geriedale PVD. G.1			100% of fair market value, up to any applicable statutory limit	
Cell phone, 2xTVs, Wii	\$250.00		\$250.00	RSMo § 513.430.1(1)
Line IIIII Schedule PVB. 1.1			100% of fair market value, up to any applicable statutory limit	
Clothing Line from Schedule A/B: 11.1	\$100.00		\$100.00	RSMo § 513.430.1(1)
Ellie Holli Golloddie 772.			100% of fair market value, up to any applicable statutory limit	
Cash Line from Schedule A/B: 16.1	\$23.00		\$23.00	RSMo § 513.430.1(3)
Ellie Holli Golloddie 772. 1611			100% of fair market value, up to any applicable statutory limit	
Checking: Navy Fed CU Checking - \$.19	\$0.19		\$0.19	RSMo § 513.430.1(3)
Line from Schedule A/B: 17.1			100% of fair market value, up to any applicable statutory limit	

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Deb	otor 1 Robert Sco	tt Bise		Case number (if known)					
		ef description of the property and line on nedule A/B that lists this property		Amo	Specific laws that allow exemption				
			Copy the value from Schedule A/B	Che	ck only one box for each exemption.				
	401(k): Brunswic		\$303.55		\$303.55	RSMo § 513.430.1(10)(f)			
	Line nom Schedule	A/D. 21.1			100% of fair market value, up to any applicable statutory limit				
	Federal & State: State Refund	2020 Federal and	Unknown		\$576.81	RSMo § 513.430.1(3)			
		ine from <i>Schedule A/B</i> : 28.1			100% of fair market value, up to any applicable statutory limit				
	Federal & State: 2020 Federal and State Refund		Unknown		\$1,250.00	RSMo § 513.440			
		ne from Schedule A/B: 28.1			100% of fair market value, up to any applicable statutory limit				
	VA Term Life	laluana	Unknown			RSMo § 513.430.1(7)			
	•	eneficiary: Children ne from <i>Schedule A/B</i> : 31.1			100% of fair market value, up to any applicable statutory limit				
3.		Are you claiming a homestead exemption of more than \$170,350? Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)							
	☐ Yes. Did you a	cquire the property cove	red by the exemption w	thin 1	,215 days before you filed this case	?			
	☐ No								
	☐ Yes								

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		Document	Page 2	1 of 49		
Fill in this inforr	nation to identify you	ır case:				
Debtor 1	Robert Scott Bis	80				
Debior 1	First Name	Middle Name	Last Name			
Debtor 2						
(Spouse if, filing)	First Name	Middle Name	Last Name			
United States Ba	nkruptcy Court for the:	WESTERN DISTRICT OF MIS	SOURI			
Case number						
(if known)					☐ Check	if this is an
					amend	led filing
Official Forn	n 106D					
Schedule	D: Creditors	Who Have Claims	Secure	ed by Property	/	12/15
	e Additional Page, fill it o	If two married people are filing togeth out, number the entries, and attach it				
1. Do any creditors	have claims secured by	your property?				
☐ No. Check	this box and submit th	nis form to the court with your other	r schedules.	You have nothing else to	report on this form.	
Yes Fill in	all of the information l	helow		· ·	•	
	II Secured Claims	oolow.				
		and the second states that the second	1'	Column A	Column B	Column C
		more than one secured claim, list the cre a particular claim, list the other creditor			Value of collateral	Unsecured
much as possible, I	ist the claims in alphabetic	cal order according to the creditor's name	ne.	Do not deduct the value of collateral.	that supports this claim	portion If any
2.1 Heights F	inance	Describe the property that secures	the claim:	\$6,368.00	Unknown	Unknown
Creditor's Nam	e	2006 Ford F150				
3610 S CI Mexico, N		Currently located at Dougla Automotive and Repair in L MO. Blown engine and inop As of the date you file, the claim is: apply.	ebanon, perable.			
	, City, State & Zip Code	☐ Contingent☐ Unliquidated				
Number, Street	, City, State & Zip Code	☐ Disputed				
Who owes the de	ebt? Check one.	Nature of lien. Check all that apply.				
■ Debtor 1 only		■ An agreement you made (such as	mortgage or s	ecured		
Debtor 2 only		car loan)				
Debtor 1 and De	ebtor 2 only	☐ Statutory lien (such as tax lien, me	chanic's lien)			
	he debtors and another	☐ Judgment lien from a lawsuit				
Check if this cl		Other (including a right to offset)	Common	Law Lien		
Date debt was inc	urred <u>2018</u>	Last 4 digits of account num	ıber			
Add the dellers	-lft-l l 0	aluma A an this mans Maite that muse	-h h	¢c 200	2.00	
	•	olumn A on this page. Write that num the dollar value totals from all pages.		\$6,368		
Write that numb		the donar value totals from an pages	•	\$6,368	8.00	
Part 2: List Otl	ners to Be Notified fo	r a Debt That You Already Listed	i			
trying to collect from	om you for a debt you o	e notified about your bankruptcy for we to someone else, list the creditor you listed in Part 1, list the additiona is page.	in Part 1, and	then list the collection ag	ency here. Similarly, if	you have more
Name, Nui	mber, Street, City, State &	a Zip Code	On wh	nich line in Part 1 did you en	ter the creditor? 2.1	
1033 Do	-		Last 4	digits of account number _	_	

Official Form 106D

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Debtor	1 Robert Scott Bise			Case number (if known)		
	First Name	Middle Name	Last Name			
	Name, Number, Stre One Source 7707 Knoxville Peoria, IL 6161	•		On which line in Part 1 did you enter the creditor?		
	Name, Number, Stre The Cook Law PO Box 286 Goodlettsville,			On which line in Part 1 did you enter the creditor?		

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		Documen	t Page	23 of 4	.9	_			
Fill in this info	ormation to identify your cas	se:							
Debtor 1	Robert Scott Bise								
20010.	First Name	Middle Name	Last Name	•					
Debtor 2									
(Spouse if, filing)	First Name	Middle Name	Last Name	9					
United States	Bankruptcy Court for the:	VESTERN DISTRICT OF	MISSOURI						
Case number									
(if known)							Check if	this is an	
						_	amende	d filing	
O((:-:-1 =-	400E/E								
	<u>rm 106E/F</u>			_				40/45	
	E/F: Creditors What and accurate as possible. Use F							12/15	
Schedule G: Exe Schedule D: Cre eft. Attach the C name and case I	ontracts or unexpired leases that courtory Contracts and Unexpireditions Who Have Claims Secure Continuation Page to this page. In unmber (if known).	d Leases (Official Form 106 d by Property. If more spac f you have no information	iG). Do not inclu ce is needed, co	de any cre py the Part	ditors with partially s you need, fill it out,	secured clain number the e	ns that are entries in t	e listed in the boxes	on the
	t All of Your PRIORITY Unse								
	ditors have priority unsecured c	laims against you?							
☐ No. Go t	o Part 2.								
Yes.									
identify what possible, list	our priority unsecured claims. If t type of claim it is. If a claim has b t the claims in alphabetical order a ore than one creditor holds a partic	oth priority and nonpriority a ccording to the creditor's nar	mounts, list that one. If you have m	laim here a	nd show both priority a	and nonpriority	y amounts.	. As much a	as
(For an expl	anation of each type of claim, see	the instructions for this form	in the instruction	booklet.)	Total claim	Priority amount		Nonpriority amount	у
2.1 Interr	nal Revenue Service	Last 4 digits of a	ccount number		\$1,545.83	\$1,5	545.83		\$0.00
PO B	Creditor's Name ox 7346	When was the de	ebt incurred?	2018		-			
	delphia, PA 19101 or Street City State Zip Code	As of the date yo	u file. the claim	is: Check a	Il that apply				
	rred the debt? Check one.	☐ Contingent	•		11.7				
■ Debtor	1 only	☐ Unliquidated							
☐ Debtor	2 only	☐ Disputed							
_	1 and Debtor 2 only	Type of PRIORIT	Y unsecured cla	im:					
_	t one of the debtors and another	☐ Domestic supp	ort obligations						
_		_		ou oue the	~ a.v.a.ra.ra.a.nt				
	if this claim is for a community m subject to offset?		•		u were intoxicated				
■ No	in subject to onset:	Other. Specify		ury willo yo	a word intoxidated				
☐ Yes		Other. Specify	Income Ta	x					
Port 2. Lie	: All of Your NONPRIORITY	Incorured Claims							
	ditors have nonpriority unsecure								
	have nothing to report in this part.	Submit this form to the cour	t with your other s	schedules.					
Yes.									

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

Total claim

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Debtor	1 Robert Scott Bise	Case number (if known)	
4.1	Emoney USA Holding LLC	Last 4 digits of account number	\$1,272.00
	Nonpriority Creditor's Name 8700 State Line Rd Suite 350	When was the debt incurred? 2018	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	no or and date you me, and channel or or own and dappry	
	■ Debtor 1 only	Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
		Student loans	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	_	Debts to pension or profit-sharing plans, and other similar debts	
	No		
	Yes	Other. Specify Loan	
4.2	Fidelity Communication Nonpriority Creditor's Name	Last 4 digits of account number	\$667.00
	PO Box 2050	When was the debt incurred? 2015	
	Omaha, NE 68103		
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	_		
	Debtor 1 only	Contingent	
	Debtor 2 only	Unliquidated	
	Debtor 1 and Debtor 2 only	Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	□ Debts to pension or profit-sharing plans, and other similar debts	
	Yes		
	☐ Yes	Other. Specify Cable	
4.3	First Premier	Last 4 digits of account number	\$1,614.00
	Nonpriority Creditor's Name 3820 N. Louise Avenue Sioux Falls, SD 57104	When was the debt incurred? 2005	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	□Yes	Other. Specify 2 CCs	

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Robert Scott Bise	Case number (if known)	
HSBC Bank	Last 4 digits of account number	\$1,051.00
Nonpriority Creditor's Name PO Box 49352	When was the debt incurred? 2014	
San Jose, CA 95161		
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.	_	
■ Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
\square At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
Yes	■ Other Specify CC	
Lincare	Last 4 digits of account number	\$224.91
Nonpriority Creditor's Name		
401 R S Bishop Ave	When was the debt incurred? 2020	
Rolla, MO 65401 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	□ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	
■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
Yes	■ Other. Specify Medical	
Phelps Health	Last 4 digits of account number	\$68.81
Nonpriority Creditor's Name PO Box 1567	When was the debt incurred? 2020	
Paris, TN 38242	When was the debt incurred:	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
■ Debtor 1 only	☐ Contingent	
☐ Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
debt	\square Obligations arising out of a separation agreement or divorce that you did not	
Is the claim subject to offset?	report as priority claims	
No	☐ Debts to pension or profit-sharing plans, and other similar debts	
☐ Yes	■ Other. Specify Medical	

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Debt	or 1 Robert Scott Bise	Case number (if known)	
4.7	Progressive	Last 4 digits of account number	\$146.00
	Nonpriority Creditor's Name 9339 Priority Way W. Drive Indianapolis, IN 46240	When was the debt incurred? 2019	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Auto Insurance	
4.8	Security Finance	Last 4 digits of account number	\$940.00
	Nonpriority Creditor's Name PO Box 3146 Sportsonburg SC 20204	When was the debt incurred? 2019	
	Spartanburg, SC 29304 Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	,	
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Loan	
4.9	Synchrony Bank/Ashley	Last 4 digits of account number	\$1,284.00
	Nonpriority Creditor's Name 140 Wekiva Springs Rd. Longwood, FL 32779	When was the debt incurred? 2014	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	□Yes	Other. Specify CC	

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Debto	or 1 Robert Scott Bise		Case number (if known)	
4.1	USAA Savings Bank	Last 4 digits of account number	er	\$15,632.00
	Nonpriority Creditor's Name 10750 McDermott Freeway	When was the debt incurred?	2014	
	San Antonio, TX 78288 Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the clai	im is: Check all that apply	
	■ Debtor 1 only	☐ Contingent		
	Debtor 2 only	☐ Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecu	ured claim:	
	\square Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a sereport as priority claims	eparation agreement or divorce that you did not	
	■ No	Debts to pension or profit-sha	aring plans, and other similar debts	
	Yes	Other. Specify 2 CCs		
Part :	3: List Others to Be Notified About a De	bt That You Already Listed		
is tr hav	this page only if you have others to be notified a rying to collect from you for a debt you owe to so e more than one creditor for any of the debts tha ified for any debts in Parts 1 or 2, do not fill out of	omeone else, list the original credito it you listed in Parts 1 or 2, list the a	r in Parts 1 or 2, then list the collection agency	here. Similarly, if you
		On which entry in Part 1 or Part 2 did y		
	ary Portfolio Services Summit Lake Dr #400	Line 4.9 of (Check one):	Part 1: Creditors with Priority Unsecured Clair	
	alla, NY 10595		Part 2: Creditors with Nonpriority Unsecured 0	Claims
		Last 4 digits of account number		
ccs	Credit Collection	On which entry in Part 1 or Part 2 did y Line 4.7 of (<i>Check one</i>):	you list the original creditor? ☐ Part 1: Creditors with Priority Unsecured Clair	ns
	Canton Street		■ Part 2: Creditors with Nonpriority Unsecured 0	Claims
NOIV	wood, MA 02062	Last 4 digits of account number		
		On which entry in Part 1 or Part 2 did y	you list the original creditor?	
	•	Line 4.6 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Clair	ns
	Box 1859 ımbia, MO 65205		Part 2: Creditors with Nonpriority Unsecured 0	Claims
0010		Last 4 digits of account number		
Name	and Address	On which entry in Part 1 or Part 2 did y	you list the original creditor?	
	folio Recovery	Line 4.4 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Clair	ns
	Corporate Blvd.STE 100 folk, VA 23502		■ Part 2: Creditors with Nonpriority Unsecured 0	Claims
NOIT		Last 4 digits of account number		
	and Address	On which entry in Part 1 or Part 2 did y	you list the original creditor?	
		Line 4.2 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Clair	ns
1201 Ste.	Jefferson St. 150		Part 2: Creditors with Nonpriority Unsecured 0	Claims
	hington, MO 63090			
		Last 4 digits of account number		
		On which entry in Part 1 or Part 2 did y	you list the original creditor?	
		Line 2.1 of (Check one):	■ Part 1: Creditors with Priority Unsecured Clair	
	m 5510 US Courthouse E. 9th St.		☐ Part 2: Creditors with Nonpriority Unsecured 0	Claims
	sas City, MO 64106			
		Last 4 digits of account number		

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

Total Claim

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Debtor 1 Robert Scott Bise Case number (if known) **Domestic support obligations** 6a. 6a. 0.00 Total claims from Part 1 Taxes and certain other debts you owe the government 6b. 6b. 1,545.83 6c. Claims for death or personal injury while you were intoxicated 6c. 0.00 6d. Other. Add all other priority unsecured claims. Write that amount here. 6d. 0.00 Total Priority. Add lines 6a through 6d. 6e. 6e. 1,545.83 **Total Claim** Student loans 6f. 6f 0.00 Total claims from Part 2 6g. Obligations arising out of a separation agreement or divorce that 0.00 6g. you did not report as priority claims 6h. Debts to pension or profit-sharing plans, and other similar debts 6h. 0.00 6i. Other. Add all other nonpriority unsecured claims. Write that amount 6i. 22,899.72

6j.

22,899.72

6j.

Total Nonpriority. Add lines 6f through 6i.

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Fill in this infor	rmation to identify your	case:		
Debtor 1	Robert Scott Bise	9		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	WESTERN DISTRICT O	OF MISSOURI	
Case number				
(if known)				

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease
Name, Number, Street, City, State and ZIP Code

2.1 Jessica Clayton
19179 Ladera Rd.
Waynesville, MO 65583

State what the contract or lease is for
residential lease

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		Docume	nı Page 30 () 49	
Fill in thi	is information to identify yo	ur case:			
Debtor 1	Robert Scott B	ico			
Debior 1	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, f	iling) First Name	Middle Name	Last Name		
United St	tates Bankruptcy Court for the	e: WESTERN DISTRICT (OF MISSOURI		
_					
Case nur (if known)	mber				☐ Check if this is an
(II KIIOWII)					☐ Check if this is an amended filing
					amended imig
Officia	al Form 106H				
Scha	dule H: Your Co	dehtors			12/15
SCITE	uule II. Toul Co	uebioi 3			12/15
our nam	and number the entries in t le and case number (if knov o you have any codebtors?	vn). Answer every question			of any Additional Pages, write
	you have any obactions.	(ii you are iiiiig a joiin oace,	ao not not olaror opodol	o do d oodobion.	
■ No					
Arizo	ne 2 again as a codebtor on	na, Nevada, New Mexico, Pu pouse, or legal equivalent live ebtors. Do not include your ly if that person is a guaran	e with you at the time? spouse as a codebto tor or cosigner. Make	nington, and Wisconsin.) r if your spouse is filing sure you have listed the	with you. List the person shown e creditor on Schedule D (Official Schedule E/F, or Schedule G to fill
out (Column 2.				
	Column 1: Your codebtor Name, Number, Street, City, State an	d ZIP Code		Column 2: The cred Check all schedules	ditor to whom you owe the debt s that apply:
3.1	Name			Schedule D, line	
	Name			☐ Schedule E/F, lir	
				☐ Schedule G, line	·
	Number Street				
	City	State	ZIP Code		
				_	
3.2	Nama			D Schedule D, line	
	Name			☐ Schedule E/F, lir	
				☐ Schedule G, line	·
	Number Street			_	
	City	State	ZIP Code		

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	in this information to identify your obtor 1 Robert Scot									
	btor 2									
` '	ited States Bankruptcy Court for the	: WESTERN DISTRIC	T OF MISSOURI							
	se number 		-					ed filing ent showin	ng postpetition	•
0	fficial Form 106I					Ī	/IM / DD/ `	YYYY	_	
S	chedule I: Your Inc	ome								12/15
spo atta Pa	plying correct information. If you use. If you are separated and you ch a separate sheet to this form. The describe Employment	ır spouse is not filing w	ith you, do not inclu	ide infor	mati	on abou	t your sp	ouse. If m	ore space is	needed,
1.	Fill in your employment information.		Debtor 1				Debtor	2 or non-fi	iling spouse	
	If you have more than one job, attach a separate page with	Employment status	■ Employed				☐ Empl	-		
	information about additional employers.		☐ Not employed				⊔ Not e	employed		
	, ,	Occupation	Assembler							
	Include part-time, seasonal, or self-employed work.	Employer's name	Brunswick							
	Occupation may include student or homemaker, if it applies.	Employer's address	2900 Industrial Lebanon, MO 6							
		How long employed t	here? <u>1 year</u>				_			
Pa	rt 2: Give Details About Mo	nthly Income								
	imate monthly income as of the duse unless you are separated.	ate you file this form. If	you have nothing to r	eport for	any	line, write	e \$0 in the	e space. Ind	clude your no	n-filing
	ou or your non-filing spouse have mee space, attach a separate sheet to		ombine the informatio	n for all	empl	oyers for	that perso	on on the li	nes below. If	you need
						For De	btor 1		btor 2 or ing spouse	
2.	List monthly gross wages, sala deductions). If not paid monthly,			2.	\$	2	,679.91	\$	N/A	
3.	Estimate and list monthly over	ime pay.		3.	+\$		0.00	+\$	N/A	
4.	Calculate gross Income. Add li	ne 2 + line 3.		4.	\$	2,6	79.91	\$	N/A	

Official Form 106I Schedule I: Your Income page 1

Deb	otor 1	Robert Scott Bise	-	(Case	number (if know	n)				
					For	Debtor 1			Debtor	2 or spouse	
	Cop	y line 4 here	4.		\$_	2,679.9	1	\$	illing 5	N/A	_
5.	List	all payroll deductions:									
-	5a.	Tax, Medicare, and Social Security deductions	5a	ì.	\$	539.0	n	\$		N/A	
	5b.	Mandatory contributions for retirement plans	5b		<u>*</u> -	0.0		\$		N/A	_
	5c.	Voluntary contributions for retirement plans	5c		\$	0.0		\$	-	N/A	_
	5d.	Required repayments of retirement fund loans	5d	1.	\$	0.0	_	\$		N/A	_
	5e.	Insurance	5e) .	\$	15.1		\$		N/A	_
	5f.	Domestic support obligations	5f.		\$	0.0	_	\$		N/A	=
	5g.	Union dues	5g	J.	\$_	0.0	_	\$		N/A	-
	5h.	Other deductions. Specify:	5h	1.+	\$_	0.0	0	+ \$		N/A	-
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.		\$	554.1	7	\$		N/A	=
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$	2,125.7		\$		N/A	_
8.	8b. 8c. 8d. 8e. 8f.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. Interest and dividends Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.	8c 8d 8e). ;. I.	\$ \$ \$	0.0 0.0 0.0 0.0 0.0	00	\$ \$ 		N/A N/A N/A N/A	- - -
		Specify:	_ 8f.		\$_	0.0		\$		N/A	_
	8g.	Pension or retirement income	8g		\$_	0.0		\$		N/A	_
	8h.	Other monthly income. Specify: VA Disability	_ 8n	1.+	\$_ 	1,838.7	1	+ \$		N/A	-
9.	Add	l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	\$	1,838.7	1	\$		N/A	A
10	Cal	culate monthly income. Add line 7 + line 9.	10.	C		3,964.45 +	\$		N/A	= \$	3,964.45
10.		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.	Ψ_		3,304.45	→		IN/A]	3,904.43
11.	Incli othe Do i	te all other regular contributions to the expenses that you list in <i>Schedule</i> ade contributions from an unmarried partner, members of your household, your friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a cify:	depe		•					e <i>J</i> . +\$	0.00
12.		I the amount in the last column of line 10 to the amount in line 11. The res e that amount on the Summary of Schedules and Statistical Summary of Certailies							12.	\$	3,964.45
										Combin	ned y income
13.	Do :	you expect an increase or decrease within the year after you file this form. No. Yes Explain:	?								

Official Form 106l Schedule I: Your Income page 2

FilLin	n this informa	ation to identify yo	our case:			l		
Debto		Robert Scott				Che	ck if this is:	
Dakta	0	11000110001	. 2.00				An amended filing	
Debto (Spou	or 2 use, if filing)						A supplement shown 13 expenses as of	wing postpetition chapter the following date:
Unite	d States Bank	ruptcy Court for the	: WESTE	ERN DISTRICT OF MISSO	URI		MM / DD / YYYY	
Case (If kno	number own)							
Off	ficial Fo	rm 106J						
		J: Your	Exper	nses				12/15
Be a	s complete mation. If m	and accurate as	possible eded, atta	. If two married people ar ch another sheet to this	re filing together, b form. On the top of	oth are equ f any additi	ually responsible fo onal pages, write y	or supplying correct your name and case
Part		ribe Your House	hold					
	Is this a join							
	■ No. Go to		in a separ	ate household?				
		lo		al Form 106J-2, <i>Expenses</i>	s for Separate House	e <i>hold</i> of Deb	otor 2.	
2.	Do you hav	e dependents?	□ No					
	Do not list D Debtor 2.	ebtor 1 and	■ Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Dependent's age	Does dependent live with you?
	Do not state							□ No
	dependents	names.			Fiance		48	■ Yes □ No
								☐ Yes
								□ No
								Yes
								□ No □ Yes
3.	Do your exp	penses include		No				⊔ Yes
	•	f people other to d your depende	han $_{\square}$	Yes				
expe	mate your ex		our bankr	ly Expenses uptcy filing date unless y y is filed. If this is a supp				
the v		h assistance an		government assistance i cluded it on <i>Schedule I:</i> \			Your exp	enses
•		,						
		or home owners and any rent for the		ses for your residence. I or lot.	nclude first mortgag	e 4. :	\$	650.00
	If not include	ded in line 4:						
	4a. Real	estate taxes				4a. 3	\$	25.00
		erty, homeowner's				4b.	·	20.00
		maintenance, re owner's associat		upkeep expenses		4c. 4d.	·	40.00
				oominium dues our residence. such as ho	me equity loans	4a. 5		0.00

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Deb	tor 1 Robert Scott Bise	Case num	nber (if known)	
6.	Utilities:			
0.	6a. Electricity, heat, natural gas	6a.	\$	280.00
	6b. Water, sewer, garbage collection	6b.	· -	20.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	410.00
	6d. Other. Specify:	6d.	\$	0.00
7.	Food and housekeeping supplies	 7.	· 	800.00
8.	Childcare and children's education costs	8.	\$	0.00
9.	Clothing, laundry, and dry cleaning	9.	\$	175.00
10.	Personal care products and services	10.	\$	150.00
11.	·	11.	\$	50.00
12.	Transportation. Include gas, maintenance, bus or train fare.		· -	
	Do not include car payments.	12.	\$	340.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	200.00
14.	Charitable contributions and religious donations	14.	\$	0.00
15.	Insurance.			
	Do not include insurance deducted from your pay or included in lines 4 or 20.		•	
	15a. Life insurance	15a.	·	20.00
	15b. Health insurance	15b.	*	0.00
	15c. Vehicle insurance	15c.	· ·	120.00
	15d. Other insurance. Specify:	15d.	\$	0.00
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: Personal Property Taxes	16.	\$	6.00
17.	Installment or lease payments:			
	17a. Car payments for Vehicle 1	17a.	·	0.00
	17b. Car payments for Vehicle 2	17b.	·	0.00
	17c. Other. Specify: Rent to own furniture	17c.	·	200.00
	17d. Other. Specify:	17d.	\$	0.00
	Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	1 8.	\$	0.00
19.	Other payments you make to support others who do not live with you.		\$	0.00
	Specify:	19.		
20.				
	20a. Mortgages on other property	20a.	· ·	0.00
	20b. Real estate taxes	20b.	·	0.00
	20c. Property, homeowner's, or renter's insurance	20c.	·	0.00
	20d. Maintenance, repair, and upkeep expenses	20d.	·	0.00
	20e. Homeowner's association or condominium dues	20e.	·	0.00
21.	Other: Specify: Pet Expenses	21.	+\$	75.00
	Tobacco			200.00
22.	Calculate your monthly expenses			
	22a. Add lines 4 through 21.		\$	3,781.00
	22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	
	22c. Add line 22a and 22b. The result is your monthly expenses.		\$	3,781.00
60				<u> </u>
23.	Calculate your monthly net income.	00-	¢.	0.004.45
	23a. Copy line 12 (your combined monthly income) from Schedule I.	23a.		3,964.45
	23b. Copy your monthly expenses from line 22c above.	23b.	-\$	3,781.00
	23c. Subtract your monthly expenses from your monthly income.			
	The result is your monthly net income.	23c.	\$	183.45

24. Do you expect an increase or decrease in your expenses within the year after you file this form?

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

No.

☐ Yes.

Explain here: Debtor lives with his fiance who is not employed.

Debtor is surrendering his vehicle which is inoperable. Debtor anticipates needing to replace that vehicle soon and will likely need to finance that new vehicle. His current transportation is a 2002 Toyota.

Debtors landlord has them pay \$300 a year of the property taxes and maintenance and upkeep

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	rmation to identify your				
Debtor 1	Robert Scott Bise	Middle Name	Last Name		
Debtor 2	r not reamo	auto riamo	2001110		
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States B	Sankruptcy Court for the:	WESTERN DISTRICT	OF MISSOURI		
Case number					
(if known)					theck if this is an mended filing
	m 106Dec				
Declara [.]	tion About a	ın Individua	l Debtor's Sc	hedules	12/15
Sig	gn Below				
Did you pa	ay or agree to pay some	one who is NOT an atto	rney to help you fill out b	pankruptcy forms?	
■ No					
☐ Yes.	Name of person			Attach Bankruptcy Petiti Declaration, and Signatu	
	alty of perjury, I declare re true and correct.	that I have read the sun	nmary and schedules file	d with this declaration and	
X /s/ Ro	bert Scott Bise		v		
			X		
	rt Scott Bise ure of Debtor 1		Signature of	Debtor 2	

Fil	l in this inform	nation to identify you	ir case:						
De	btor 1	Robert Scott Bis		dle Name	Lac	t Name			
De	btor 2	i iist ivaine	Mide	die Name	Las	i Name			
(Sp	ouse if, filing)	First Name	Midd	dle Name	Las	t Name			
Un	ited States Bar	nkruptcy Court for the:	WESTE	RN DISTRICT O	F MISSOU	RI			
Ca	se number								
(if k	nown)							_	neck if this is an
								ar	nended filing
\bigcirc	fficial Ear	rm 107							
	fficial For	of Financial	Affaire	for Indivi	duale	Eiling for I	Rankruntov		4/1:
								ala far aumr	
info	ormation. If m	ind accurate as poss ore space is needed	, attach a se						
nur	nber (if knowr	n). Answer every que	stion.						
Pa	rt 1: Give D	etails About Your M	arital Status	and Where Yo	u Lived Be	fore			
1.	What is your	current marital state	us?						
	☐ Married								
	■ Not mar	ried							
2.	During the la	ast 3 years, have you	lived anyw	here other than	where yo	ı live now?			
	_	, , , , , , ,	,						
	□ No ■ Yes Lis	t all of the places you	lived in the l	ast 3 vears. Doin	not include	where you live no	w		
			iived iii tiie ii	•		•			
	Debtor 1 Pri	ior Address:		Dates Debtor 1 lived there		Debtor 2 Prior A	ddress:		Dates Debtor 2 lived there
		kett Lane, Apt. C2		From-To:		☐ Same as Debtor	r 1		☐ Same as Debtor 1
	Waynesvil	le, MO 65583-8300	1	August 2018 May 2019	-				From-To:
	4000 = 1								
	1626 Twin Lebanon, I			From-To: Feb 2018 - A (ug	☐ Same as Debtor	r 1		☐ Same as Debtor 1 From-To:
	,			2018					
3. stat		i st 8 years, did you e Tes include Arizona, Ca							? (Community property isconsin.)
	_			.,,	,	, , , , , , , , , , , , , , , , , , , ,		J	,
	■ No □ Yes. Ma	ike sure you fill out <i>Sc</i>	hadula U. Ve	our Cadabtara (C	Official Form	106U)			
		ike sure you iiii out sc	nedule 11. 10	our Codebiors (C	Jiliciai Foili	1 10011).			
Pa	rt 2 Explai	n the Sources of You	ır Income						
4.	Did vou have	e any income from e	mplovment	or from operati	ng a busin	ess durina this v	vear or the two prev	vious calen	dar vears?
	Fill in the tota	al amount of income young a joint case and you	ou received f	rom all jobs and	all busines	ses, including pai	rt-time activities.		,
	ii you are iiiii	ig a joint case and you	i nave incom	ie triat you recen	ve together	ilst it offiy office t	inder Deblor 1.		
	□ No								
	Yes. Fill	in the details.							
			Debtor 1				Debtor 2		
			Sources of Check all to			income deductions and	Sources of inco		Gross income (before deductions
			Onook all I	at apply.	exclusi		onook an that ap	· ۲'7 ·	and exclusions)

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

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Case number (if known) Debtor 1 Robert Scott Bise

		Debtor 1		Debtor 2	
		Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
	y 1 of current year until filed for bankruptcy:	■ Wages, commissions, bonuses, tips	\$2,734.74	☐ Wages, commissions, bonuses, tips	
		☐ Operating a business		☐ Operating a business	
or last caler January 1 to	ndar year: December 31, 2020)	■ Wages, commissions, bonuses, tips	\$29,520.22	☐ Wages, commissions, bonuses, tips	
		☐ Operating a business		☐ Operating a business	
	dar year before that: December 31, 2019)	■ Wages, commissions, bonuses, tips	\$14,568.00	☐ Wages, commissions, bonuses, tips	
		☐ Operating a business		☐ Operating a business	
□ No ■ Yes.	Fill in the details.	Debtor 1		Debtor 2	
■ Yes.	Fill In the details.	Debtor 1 Sources of income Describe below.	Gross income from each source	Debtor 2 Sources of income Describe below.	Gross income (before deductions
		Dodonise selew.	(before deductions and exclusions)	Dodding bolow.	and exclusions)
	y 1 of current year until filed for bankruptcy:	VA Disability	\$3,677.42		
or last caler lanuary 1 to	ndar year: December 31, 2020)	VA Disability	\$19,442.04		
		Unemployment	\$4,060.00		
		Worker's Compensation	\$640.00		
	dar year before that: December 31, 2019)	VA Disability	\$16,844.52		
		CERF Cash Out	\$2,528.79		
		401k Cash Out	\$315.40		
January 1 to	t Certain Pavments You	401k Cash Out			
January 1 to		401k Cash Out Made Before You Filed for	Bankruptcy		
January 1 to	r Debtor 1's or Debtor 2 Neither Debtor 1 nor D	401k Cash Out	Bankruptcy r debts? umer debts. Consumer debts	are defined in 11 U.S.C. § 10	01(8) as "incurred by a
art 3: Lis	r Debtor 1's or Debtor 2 Neither Debtor 1 nor D individual primarily for a During the 90 days beform No. Go to line 7	Made Before You Filed for a debts primarily consumed bebtor 2 has primarily consument personal, family, or househowere you filed for bankruptcy, di	Bankruptcy r debts? umer debts. Consumer debts ld purpose." d you pay any creditor a total	of \$6,825* or more?	

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Del	otor 1 Robert Scott I	Pico	Document P	age 38 01 49	se number (<i>if known</i>)		
Der	Robert Scott	DISE			se number (# known)		
		not include payments to	ot include payments for do o an attorney for this bankr and every 3 years after the	uptcy case.	-	ild support and alimony. Also, of adjustment.	ok
			e primarily consumer deb for bankruptcy, did you pa		al of \$600 or more?		
	■ No.	Go to line 7.					
	☐ Yes	List below each credito	omestic support obligations			ou paid that creditor. Do not also, do not include payments t	o an
	Creditor's Name and	Address	Dates of payment	Total amount paid	Amount you still owe	Was this payment for	
7.	Insiders include your rel of which you are an office a business you operate alimony.	atives; any general par cer, director, person in d as a sole proprietor. 11	control, or owner of 20% or	eral partners; partners more of their votin	erships of which you g securities; and an	was an insider? Juare a general partner; corpora y managing agent, including o s, such as child support and	
						5 (4)	
	Insider's Name and A	ddress	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment	
8.	Within 1 year before yoursider? Include payments on de No Yes. List all payments	bts guaranteed or cosi		nents or transfer a	any property on ac	count of a debt that benefite	d an
	Insider's Name and A	ddress	Dates of payment	Total amount	Amount you	Reason for this payment Include creditor's name	
				paid	still owe	include creditor's name	
9.	Within 1 year before ye	cluding personal injury o	y, were you a party in any cases, small claims actions				
	□ No■ Yes. Fill in the deta	ails.					
	Case title Case number		Nature of the case	Court or agency		Status of the case	
	HEIGHTS FINANCE BISE 19PU-CV02097	V ROBERT	Breach of Contract	Pulaski County	/ Court	☐ Pending ☐ On appeal ☐ Concluded	
	CAVALRY SPV I LL ASSIGNEE V ROBE 20LA-AC00430		Breach of Contract	Laclede Count	y Court	☐ Pending ☐ On appeal ☐ Concluded	

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Page 39 of 49 Document Case number (if known) Debtor 1 Robert Scott Bise 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. ☐ No. Go to line 11. Yes. Fill in the information below. **Creditor Name and Address Describe the Property** Date Value of the property Explain what happened **Heights Finance** Debtor's wages have been garnished. October 2020 \$1,279.87 531 S. Jefferson Ave - December Lebanon, MO 65536 ☐ Property was repossessed. 2020 ☐ Property was foreclosed. Property was garnished. ☐ Property was attached, seized or levied. **Laura Moffitt** Debtor's wages were garnished to pay back December \$322.98 owed child support. 2019 -December ☐ Property was repossessed. 2020 ☐ Property was foreclosed. Property was garnished. ☐ Property was attached, seized or levied. 11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? Yes. Fill in the details. **Creditor Name and Address** Describe the action the creditor took Date action was Amount taken 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? No ☐ Yes Part 5: List Certain Gifts and Contributions 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? No ☐ Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 Describe the gifts Dates you gave Value per person the gifts Person to Whom You Gave the Gift and Address: 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

more than \$600

Charity's Name

Describe what you contributed

Value

Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total

Address (Number, Street, City, State and ZIP Code)

Dates you

contributed

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Del	btor 1 Robert Scott Bise			Case number ((if known)	
Pai	rt 6: List Certain Losses					
	Within 1 year before you filed for bank or gambling?	ruptcy or	since you filed for bankruptcy, did	you lose anyt	hing because of the	ft, fire, other disaster
	■ No					
	Yes. Fill in the details.					
	Describe the property you lost and how the loss occurred	Include	the amount that insurance has paid. ce claims on line 33 of Schedule A/B	List pending	Date of your loss	Value of property lost
Pai	rt 7: List Certain Payments or Transf	ers				
16.	Within 1 year before you filed for bank consulted about seeking bankruptcy of Include any attorneys, bankruptcy petition	or preparin	g a bankruptcy petition?			erty to anyone you
	□ No					
	Yes. Fill in the details. Person Who Was Paid		Description and value of any pro	porty	Date navment	Amount of
	Address Email or website address Person Who Made the Payment, if No	t You	transferred	perty	Date payment or transfer was made	payment
	Licata Bankruptcy Firm, P.C. 1442 E. Bradford Parkway Springfield, MO 65804 bankruptcy@licatalawfirm.com N/A		Attorney Fees		02/04/2020 02/28/2020	\$600.00
17.	Within 1 year before you filed for bank promised to help you deal with your on Do not include any payment or transfer to No	reditors or	to make payments to your credito		r transfer any prope	erty to anyone who
	Yes. Fill in the details.					
	Person Who Was Paid Address		Description and value of any protransferred	perty	Date payment or transfer was made	Amount of payment
18.	Within 2 years before you filed for bar transferred in the ordinary course of y Include both outright transfers and transfinclude gifts and transfers that you have No Yes. Fill in the details.	our busine ers made a	ess or financial affairs? s security (such as the granting of a			
	Person Who Received Transfer Address				be any property or nts received or debts made	
	Person's relationship to you		4000 = 1 =	·		
	Michael Hewitt 1514 Highway YY Lebanon, MO 65536		1996 Ford Ranger Engine not working	\$400.00		August 2019
	Friend					

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Debtor 1 Robert Scott Bise Case number (if known)

 19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you beneficiary? (These are often called asset-protection devices.) No 						of which you are a
	Yes. Fill in the details.					
	Name of trust	Description and v	alue of the pro	perty transferre	d	Date Transfer was made
Par	t 8: List of Certain Financial Accounts, Inst	truments, Safe Deposit	Boxes, and S	torage Units		
20.	Within 1 year before you filed for bankruptcy sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, associated to the cooperative of the cooperativ	other financial accou	nts; certificate:	s of deposit; sha	•	, ,
	■ No □ Yes. Fill in the details.					
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	•		Dunt or Date account was closed, sold, moved, or transferred	
21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit cash, or other valuables?				ny safe deposit	box or other deposi	tory for securities,
	■ No □ Yes. Fill in the details.					
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, S State and ZIP Code)		Describe the contents		Do you still have it?
22.	Have you stored property in a storage unit of No Yes. Fill in the details. Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or h	nad access	year before you	·	y? Do you still have it?
	Daurillo Automotive and Daneir	Address (Number, S State and ZIP Code)				Пы
Dar	Douglas Automotive and Repair 1301 Deadre Dr Lebanon, MO 65536	Debtor, Store of	wner	2006 FOIG F1	50	□ No ■ Yes
Par 23.	t 9: Identify Property You Hold or Control f Do you hold or control any property that son for someone.		ude any propei	ty you borrowed	d from, are storing f	or, or hold in trust
	□ No■ Yes. Fill in the details.					
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the prop (Number, Street, City, S Code)		Describe the p	Describe the property	
	Diane Sears 25255 Seneca Lane Waynesville, MO 65583	Homestead		Debtor lives Fiancee own goods.		Unknown
	Diane Sears 25255 Seneca Lane Waynesville, MO 65583	Homestead		Toyota Sequ	cee owns a 2002 oia. The Toyota btor's home and Debtor.	Unknown

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Case number (if known) Debtor 1 Robert Scott Bise

	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value				
	Diane Sears 25255 Seneca Lane Waynesville, MO 65583	Homestead	Debtor lives with fiancee. Fiancee owns a .22 pistol and 4 rifles	Unknown				
Par	10: Give Details About Environmental Inform	nation						
For	he purpose of Part 10, the following definitions	s apply:						
	Environmental law means any federal, state, o toxic substances, wastes, or material into the regulations controlling the cleanup of these su	air, land, soil, surface water, ground	•					
	Site means any location, facility, or property as to own, operate, or utilize it, including disposa		law, whether you now own, operate,	or utilize it or used				
	Hazardous material means anything an environ hazardous material, pollutant, contaminant, or		s waste, hazardous substance, toxic	substance,				
Rep	ort all notices, releases, and proceedings that y	ou know about, regardless of wher	n they occurred.					
24.	Has any governmental unit notified you that yo	ou may be liable or potentially liable	under or in violation of an environm	nental law?				
	■ No							
	☐ Yes. Fill in the details.							
	Name of site Address (Number, Street, City, State and ZIP Code) Governmental unit Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and ZIP Code) Know it			Date of notice				
25.	Have you notified any governmental unit of an	y release of hazardous material?						
	■ No							
	Yes. Fill in the details.							
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State a ZIP Code)		Date of notice				
26.	Have you been a party in any judicial or admin	istrative proceeding under any envi	ironmental law? Include settlements	and orders.				
	■ No □ Yes. Fill in the details.							
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case				
Par	11: Give Details About Your Business or Co	nnections to Any Business						
27.	Within 4 years before you filed for bankruptcy,	did you own a business or have ar	ny of the following connections to an	y business?				
	☐ A sole proprietor or self-employed in a	trade, profession, or other activity,	either full-time or part-time					
	☐ A member of a limited liability compan	y (LLC) or limited liability partnersh	ip (LLP)					
	☐ A partner in a partnership							
	☐ An officer, director, or managing execu	utive of a corporation						
	☐ An owner of at least 5% of the voting o	r equity securities of a corporation						

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	■ No. None of the above applies. Go to l	Part 12.					
		I in the details below for each business.					
	Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business Name of accountant or bookkeeper	Employer Identification number Do not include Social Security number or ITIN. Dates business existed				
28.	 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. No Yes. Fill in the details below. 						
	Name Address (Number, Street, City, State and ZIP Code)	Date Issued					
Par	t 12: Sign Below						
are t with 18 U	rue and correct. I understand that making a a bankruptcy case can result in fines up to I.S.C. §§ 152, 1341, 1519, and 3571.	false statement, concealing property, or o	declare under penalty of perjury that the answers obtaining money or property by fraud in connection ars, or both.				
	Robert Scott Bise						
	bert Scott Bise nature of Debtor 1	Signature of Debtor 2					
Dat	e February 3, 2021	Date					
Did : ■ N □ Y	.•	ent of Financial Affairs for Individuals Filin	ng for Bankruptcy (Official Form 107)?				
Did :	you pay or agree to pay someone who is no	t an attorney to help you fill out bankrupto	y forms?				

☐ Yes. Name of Person _____. Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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Fill in this inform	nation to identify your	case:		
Debtor 1	Robert Scott Bise	•		
	First Name	Middle Name	Last Name	
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name	
(Spouse II, IIIIIIg)	i list ivallie	Middle Name	Lastivanie	
United States Ban	nkruptcy Court for the:	WESTERN DISTR	RICT OF MISSOURI	
Case number				
(if known)				☐ Check if this is an
				amended filing
Official For	rm 100			
Official For				
Statemen	nt of Intentio	n for Indiv	riduals Filing Under Chapt	er 7 12/15
If you are an indiv	vidual filing under cha	pter 7, you must fil	I out this form if:	
creditors have	claims secured by yo	ur property, or		
you have lease	ed personal property a	nd the lease has n	ot expired.	
			you file your bankruptcy petition or by the date s	
whichev on the fe		e court extends th	e time for cause. You must also send copies to the	ne creditors and lessors you list
•	ople are filing togethe d date the form.	in a joint case, bo	th are equally responsible for supplying correct i	nformation. Both debtors must
Sign and	u date the form.			
			s needed, attach a separate sheet to this form. Or	the top of any additional pages,
write yo	our name and case nur	nber (if known).		
Part 1: List Yo	ur Creditors Who Hav	e Secured Claims		
1. For any credito information bel	_	art 1 of Schedule D	: Creditors Who Have Claims Secured by Property	ty (Official Form 106D), fill in the
	ditor and the property t	hat is collateral	What do you intend to do with the property that	at Did you claim the property
			secures a debt?	as exempt on Schedule C?
Creditor's He	eights Finance			=
name:	orginis i manoc		Surrender the property.	■ No
name.			☐ Retain the property and redeem it. ☐ Retain the property and enter into a	☐ Yes
Description of	2006 Ford F150		Reaffirmation Agreement.	= 100
property	Currently located	at Douglas	☐ Retain the property and [explain]:	
securing debt:	Automotive and R	•		
	Lebanon, MO. Blov	wn engine		
	and inoperable.			
Part 2: List Yo	ur Unexpired Persona	I Property I eases		
			in Schedule G: Executory Contracts and Unexpir	red Leases (Official Form 106G), fill
			expired leases are leases that are still in effect; t	
tou may assume	an unexpired persona	ii property lease if	the trustee does not assume it. 11 U.S.C. § 365(p)	((2)-
Describe vour ur	nexpired personal pro	perty leases		Will the lease be assumed?
	, , , , , , , , , , , , , , , , , , , ,	,		
Lessor's name:				□ No
Description of lease Property:	sed			
i iopeity.				☐ Yes
Lessor's name:				□ No
Description of leas	sed			□ 190
Property:				☐ Yes

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

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Del	btor 1	Robert Scott Bise	Case number (if known)
	ssor's n		□ No
	scription	n of leased	□ v
	porty.		☐ Yes
	ssor's n		□ No
	scription perty:	n of leased	☐ Yes
	1 - 7		i Tes
	sor's n		□ No
	scriptioi perty:	n of leased	☐ Yes
			_ 155
	ssor's na	ame: n of leased	□ No
	perty:	i oi leaseu	☐ Yes
	ssor's na scription	ame: n of leased	□ No
	perty:	. 5. 154554	☐ Yes
Do	rt 3:	Sian Balau	
Pai	l 3.	Sign Below	
			my intention about any property of my estate that secures a debt and any personal
pro	perty tr	at is subject to an unexpired lease.	
X		obert Scott Bise	X
		ert Scott Bise	Signature of Debtor 2
	Signa	ture of Debtor 1	
	Date	February 3, 2021	Date

Fill in this in	nformation to identify your case:				only as d	lirected in this form and	in Form
Debtor 1	Robert Scott Bise		12:	2A-1Supp:			
Debtor 2 (Spouse, if filin	q)			■ 1. There	is no pres	umption of abuse	
	tes Bankruptcy Court for the: Western District o	f Missouri		applie	s will be n	to determine if a presur made under <i>Chapter</i> 7	
Case numb	per				`	icial Form 122A-2). does not apply now be	acause of
						y service but it could ap	
Official	Form 1994 1			☐ Check i	f this is a	in amended filing	
	Form 122A - 1		41.1				
Chapte	er 7 Statement of Your Cui	rent Mor	ithly inc	ome			04/2
attach a sepa case number	ete and accurate as possible. If two married people a arate sheet to this form. Include the line number to v (if known). If you believe that you are exempted fro ilitary service, complete and file Statement of Exemp Calculate Your Current Monthly Income	vhich the addition m a presumption	al information a of abuse becau	applies. On the	ne top of a ot have pri	ny additional pages, writ marily consumer debts o	te your name and or because of
1. What	is your marital and filing status? Check one or	nly.					
■ No	t married. Fill out Column A, lines 2-11.						
□ Ма	nried and your spouse is filing with you. Fill o	ut both Columns	A and B, lines	2-11.			
□ Ма	rried and your spouse is NOT filing with you.	You and your s	pouse are:				
	Living in the same household and are not lega	ally separated. F	Fill out both Co	lumns A and	d B, lines 2	2-11.	
	Living separately or are legally separated. Fill penalty of perjury that you and your spouse are living apart for reasons that do not include evading.	egally separated	l under nonbar	kruptcy law	that appli	es or that you and your	
101(10A). the 6 mon	e average monthly income that you received from all For example, if you are filing on September 15, the 6-m oths, add the income for all 6 months and divide the total fown the same rental property, put the income from that p	nonth period would by 6. Fill in the res	be March 1 throsult. Do not include	ugh August 31 de any income	I. If the amo	ount of your monthly incon ore than once. For examp	ne varied during ble, if both
				Column A Debtor 1		Column B Debtor 2 or non-filing spouse	
	gross wages, salary, tips, bonuses, overtime, Il deductions).	and commission	ons (before all	\$3,	252.76	\$	
	ony and maintenance payments. Do not include on B is filled in.	payments from	a spouse if	\$	0.00	\$	
of you from a and ro	nounts from any source which are regularly part or your dependents, including child support an unmarried partner, members of your household commates. Include regular contributions from a spon. Do not include payments you listed on line 3.	 Include regular your depender 	contributions nts, parents,	\$	0.00	\$	
5. Net in	come from operating a business, profession,						
			tor 1				
	receipts (before all deductions)	\$ <u>0.00</u> -\$ <u>0.00</u>					
	ary and necessary operating expenses		Copy here ->	\$	0.00	\$	
	onthly income from a business, profession, or far	m \$	oopy note >	Ψ		Ψ	
6. Net in	nome from rental and other real property	Deb	tor 1				
Gross	receipts (before all deductions)	\$ 0.00					
	ary and necessary operating expenses	-\$ 0.00					
	onthly income from rental or other real property	\$ 0.00	Copy here ->	\$	0.00	\$	
7 Intere	et dividends and royalties			\$	0.00	\$	

Official Form 122A-1

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Robert Scott Bise Debtor 1 Case number (if known) Column A Column B Debtor 1 Debtor 2 or non-filing spouse 8. Unemployment compensation 0.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For your spouse \$ 9. Pension or retirement income. Do not include any amount received that was a benefit under the Social Security Act. Also, except as stated in the next sentence, do not include any compensation, pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If you received any retired pay paid under chapter 61 of title 10, then include that pay only to the extent that it does not exceed the amount of retired pay to which you would otherwise be entitled 0.00 if retired under any provision of title 10 other than chapter 61 of that title. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act; payments made under the Federal law relating to the national emergency declared by the President under the National Emergencies Act (50 U.S.C. 1601 et seq.) with respect to the coronavirus disease 2019 (COVID-19); payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism; or compensation pension, pay, annuity, or allowance paid by the United States Government in connection with a disability, combat-related injury or disability, or death of a member of the uniformed services. If necessary, list other sources on a separate page and put the total below... 0.00 0.00 Total amounts from separate pages, if any. \$ 0.00 11. Calculate your total current monthly income. Add lines 2 through 10 for 3,252.76 = \$ 3,252.76 each column. Then add the total for Column A to the total for Column B. Total current monthly Part 2: **Determine Whether the Means Test Applies to You** 12. Calculate your current monthly income for the year. Follow these steps: 12a. Copy your total current monthly income from line 11 Copy line 11 here=> 3,252.76 Multiply by 12 (the number of months in a year) **x** 12 39,033.12 12b. The result is your annual income for this part of the form 12b. 13. Calculate the median family income that applies to you. Follow these steps: MO Fill in the state in which you live. Fill in the number of people in your household. Fill in the median family income for your state and size of household. 65,680.00 13 To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 14. How do the lines compare? Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. Go to Part 3. Do NOT fill out or file Official Form 122A-2. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. 14b. Go to Part 3 and fill out Form 122A-2. Part 3: By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct. X /s/ Robert Scott Bise

Robert Scott Bise
Official Form 122A-1

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Debtor 1	Robert Scott Bise	Case number (if known)	
	Signature of Debtor 1		
Da	February 3, 2021 MM / DD / YYYY		
	If you checked line 14a, do NOT fill out or file Form 122A-2.		
	If you checked line 14b, fill out Form 122A-2 and file it with this form	l .	

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Debtor 1 Robert Scott Bise Case number (if known)

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 08/01/2020 to 01/31/2021.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Brunswick

Year-to-Date Income:

Last Year:

Starting Year-to-Date Income: \$\frac{\$12,738.40}{\$29,520.22}\$ from check dated \$\frac{7/31/2020}{\$12/31/2020}\$.

This Year:

Current Year-to-Date Income: \$2,734.74 from check dated 1/31/2021 .

Income for six-month period (Current+(Ending-Starting)): \$19,516.56 .

Average Monthly Income: \$3,252.76.